

Document Links:[CGPI Validation Module](#)[CGPI MH Module](#)

FEFLAG (rcvd on pull list)
FE case flagged for CGPI review / scoring?

- 0. No
- 1. Yes

REVSTAT
REVIEW STATUS (not abstracted)

- 0. Abstraction has not begun
- 1. Abstraction in progress
- 2. Abstraction completed w/o errors
- 3. TVG failure (exclusion)
- 4. Record contains missing data
- 5. Administrative exclusion

HOSPICE (Validation)
During the past year is there documentation in the medical record the patient is enrolled in a VHA or community-based hospice program?

- 1. Yes
- 2. No

DEMENTDX2 (MH)
During the past year, does the record document a diagnosis of dementia/neurocognitive disorder as evidenced by one of the following ICD-10-CM diagnosis codes:

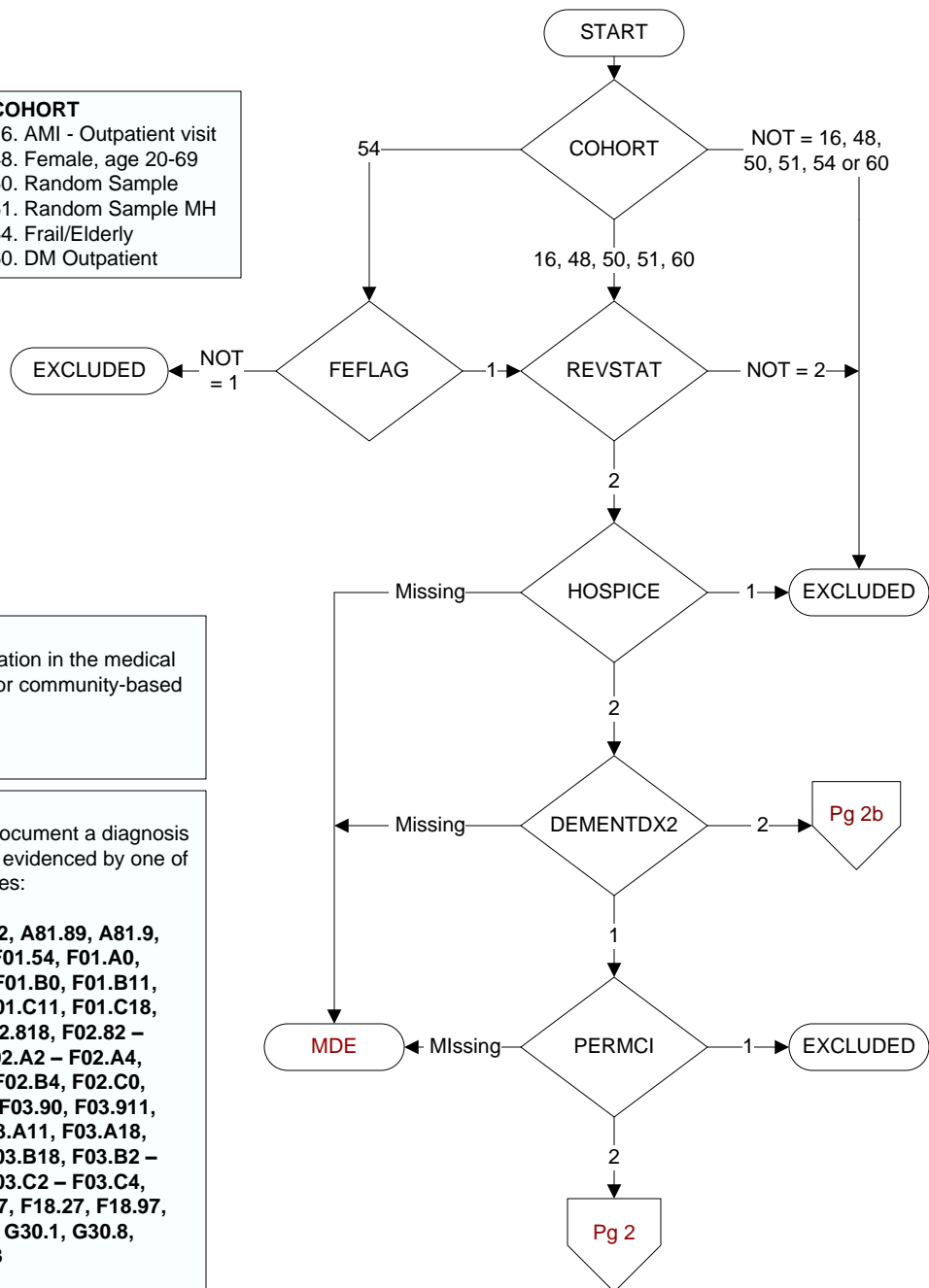
A81.00, A81.01, A81.09, A81.2, A81.82, A81.89, A81.9, F01.50, , F01.511, F01.518, F01.52 – F01.54, F01.A0, F01.A11, F01.A18, F01.A2 – F01.A4, F01.B0, F01.B11, F01.B18, F01.B2 – F01.B4, F01.C0, F01.C11, F01.C18, F01.C2 – F01.C4, F02.80, F02.811, F02.818, F02.82 – F02.84, F02.A0, F02.A11, F02.A18, F02.A2 – F02.A4, F02.B0, F02.B11, F02.B18, F02.B2 – F02.B4, F02.C0, F02.C11, F02.C18, F02.C2 – F02.C4, F03.90, F03.911, F03.918, F03.92 – F03.94, F03.A0, F03.A11, F03.A18, F03.A2 – F03.A4, F03.B0, F03.B11, F03.B18, F03.B2 – F03.B4, F03.C0, F03.C11, F03.C18, F03.C2 – F03.C4, F10.27, F10.97, F13.27, F13.97, F18.17, F18.27, F18.97, F19.17, F19.27, F19.97, G23.1, G30.0, G30.1, G30.8, G30.9, G31.01, G31.09, G31.83, G90.3

- 1. Yes
- 2. No

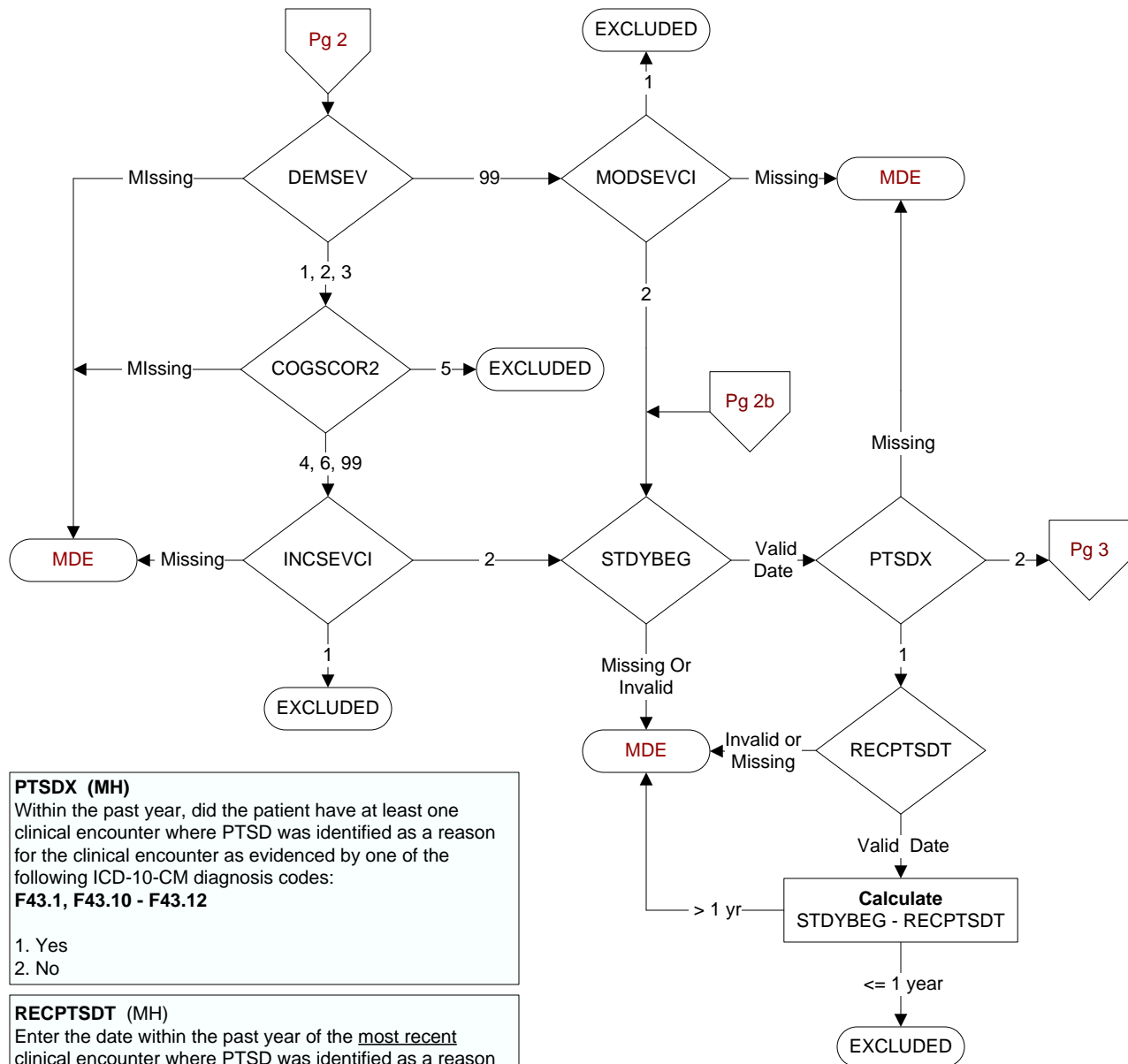
PERMCI (MH)
During the past year, did a physician/APN/PA or psychologist document that the patient has probable permanent cognitive impairment using a Clinical Reminder?

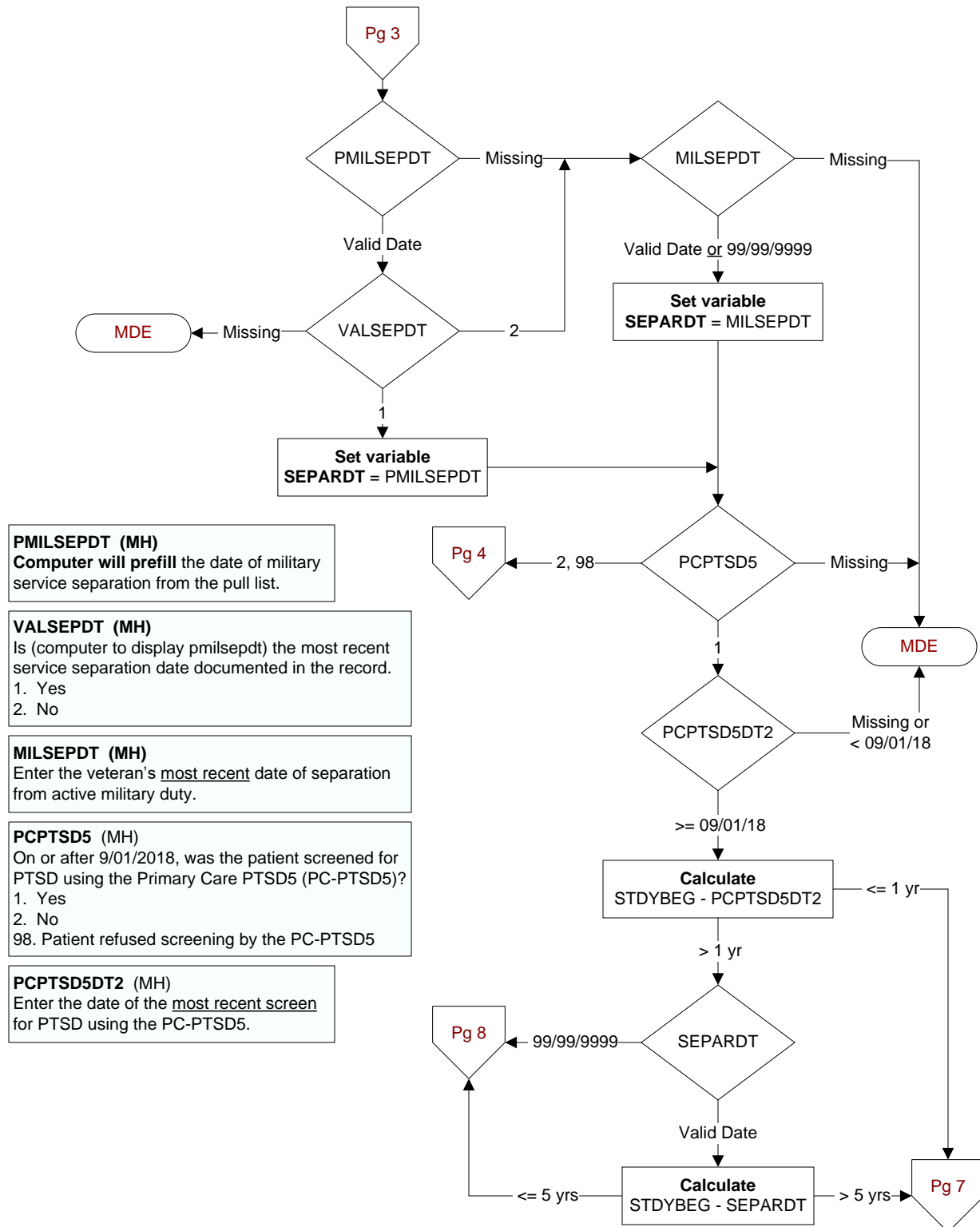
- 1. Yes
- 2. No

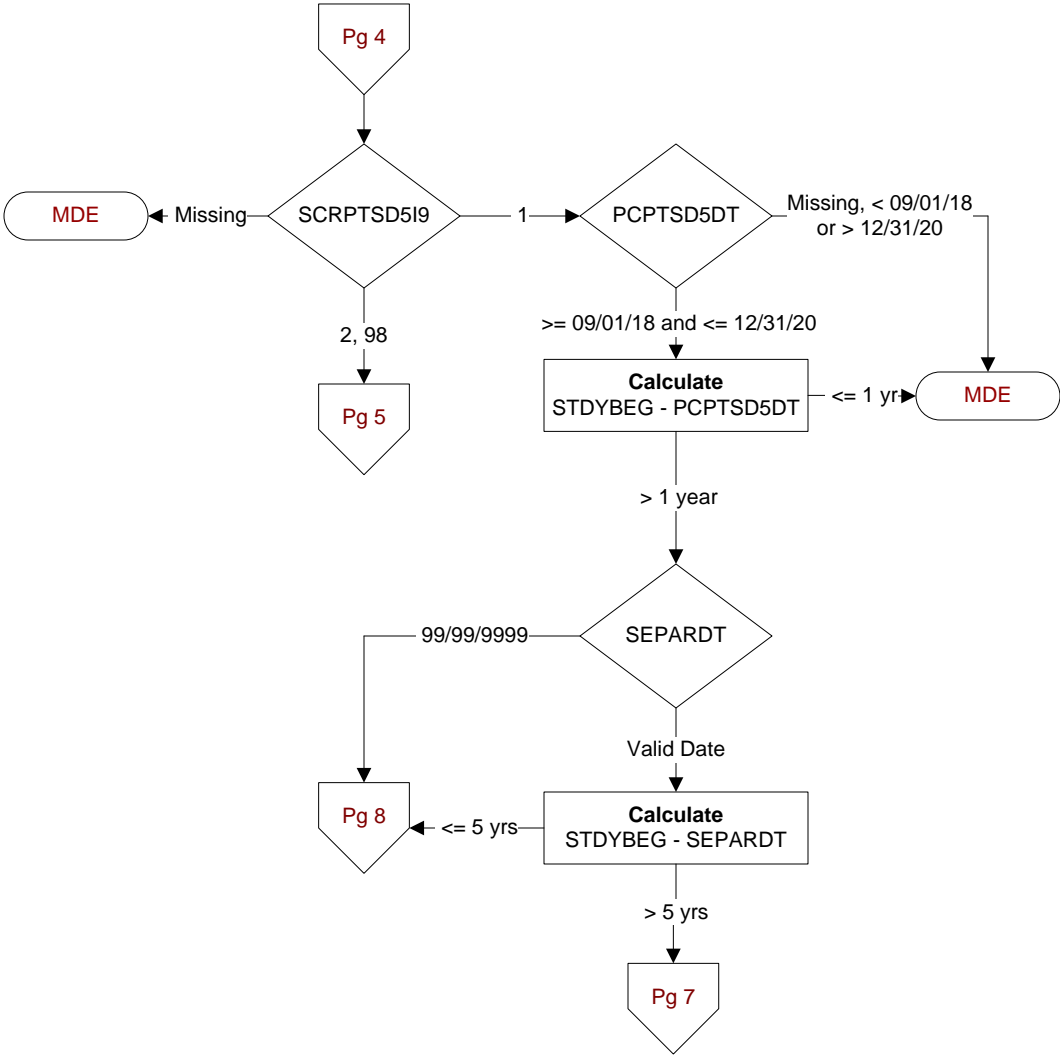
COHORT
16. AMI - Outpatient visit
48. Female, age 20-69
50. Random Sample
51. Random Sample MH
54. Frail/Elderly
60. DM Outpatient



**MDE = Missing or
Invalid Data Exclusion
(data error)**

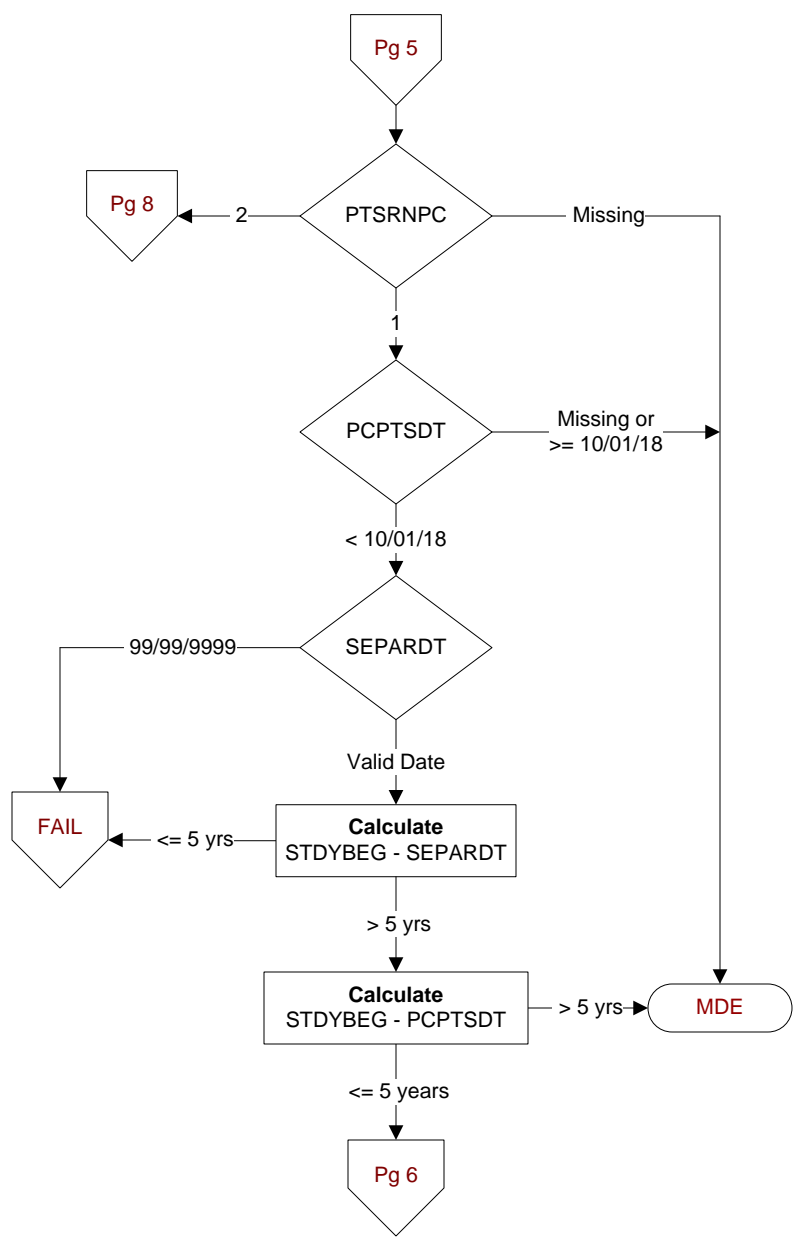






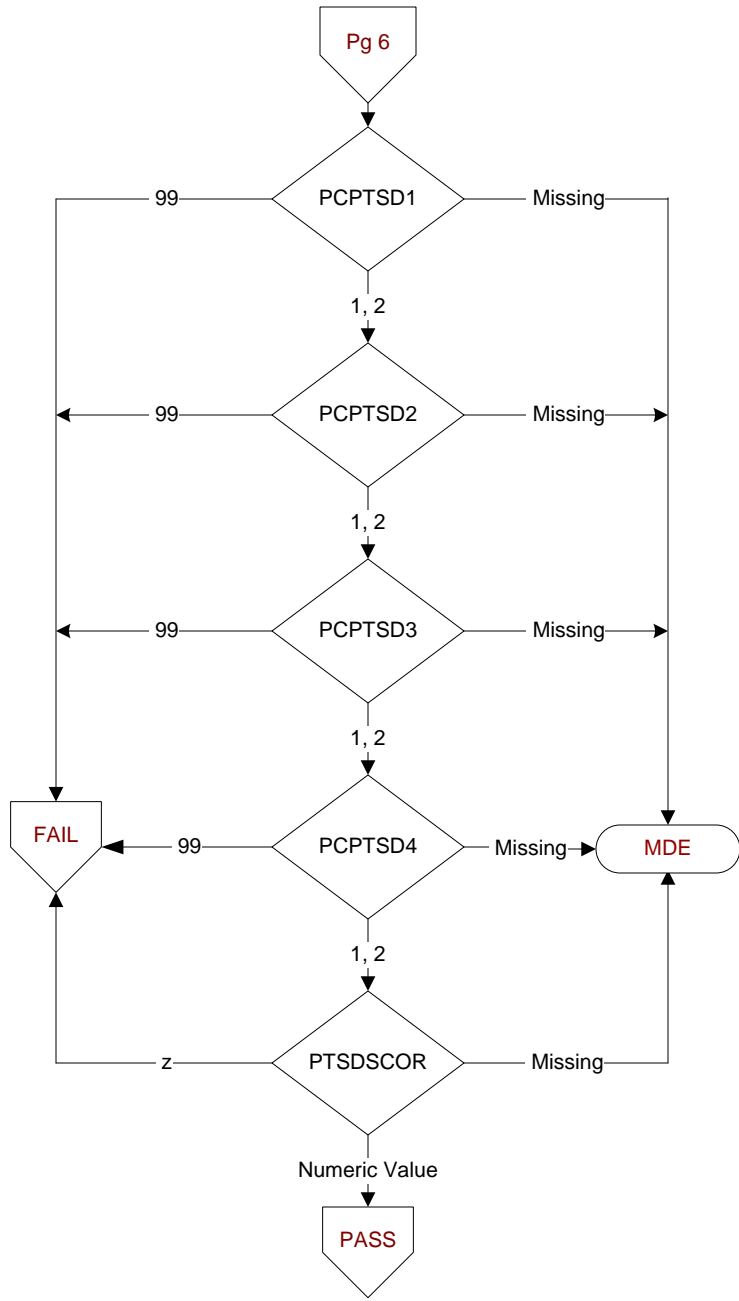
SCRPTSD5I9 (MH)
During the timeframe from 9/01/2018 to 12/31/2020, was the patient screened for PTSD using the Primary Care PTSD5 +I9?
1. Yes
2. No
98. Patient refused screening by the PC-PTSD5 +I9

PCPTSD5DT (MH)
Enter the date of the most recent screen for PTSD using the PC-PTSD5+ I9.



PTSRNPC (MH)
Within the past five years and prior to 10/01/2018, was the patient screened for PTSD using the Primary Care PTSD Screen (PC-PTSD)?
1. Yes
2. No

PCPTSDT (MH)
Enter the date of the most recent screen for PTSD using the PC-PTSD.



PCPTSD (MH)

Enter the patient's answers to each of the Primary Care PTSD Screen questions:

Have you ever had any experience that was so frightening, horrible, or upsetting that, **IN THE PAST MONTH**, you:

PCPTSD1. Have had any nightmares about it or thought about it when you did not want to?

PCPTSD2. Tried hard not to think about it or went out of your way to avoid situations that remind you of it?

PCPTSD3. Were constantly on guard, watchful, or easily startled?

PCPTSD4. Felt numb or detached from others, activities, or your surroundings?

1. Yes

2. No

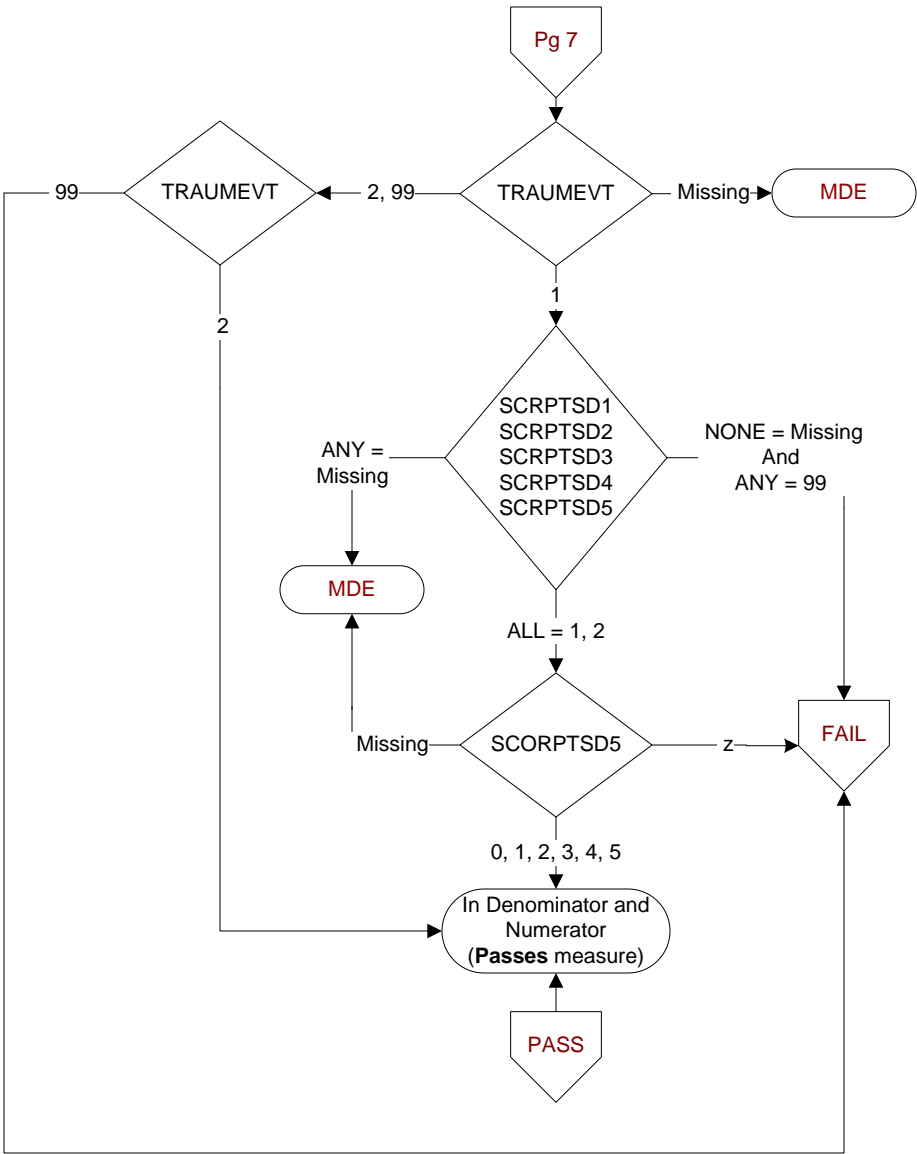
95. Not applicable

99. No answer documented

PTSDSCOR (MH)

Enter the total score for the screen documented in the record.

(Abstractor can enter default z if no total score is documented)



TRAUMEVT (MH)
Enter the response documented in the record for PC-PTSD5 exposure to traumatic event(s).
Sometimes things happen to people that are unusually or especially frightening, horrible, or traumatic. For example:

- a serious accident or fire
- a physical or sexual assault or abuse
- an earthquake or flood
- a war
- seeing someone be killed or seriously injured
- having a loved one die through homicide or suicide.

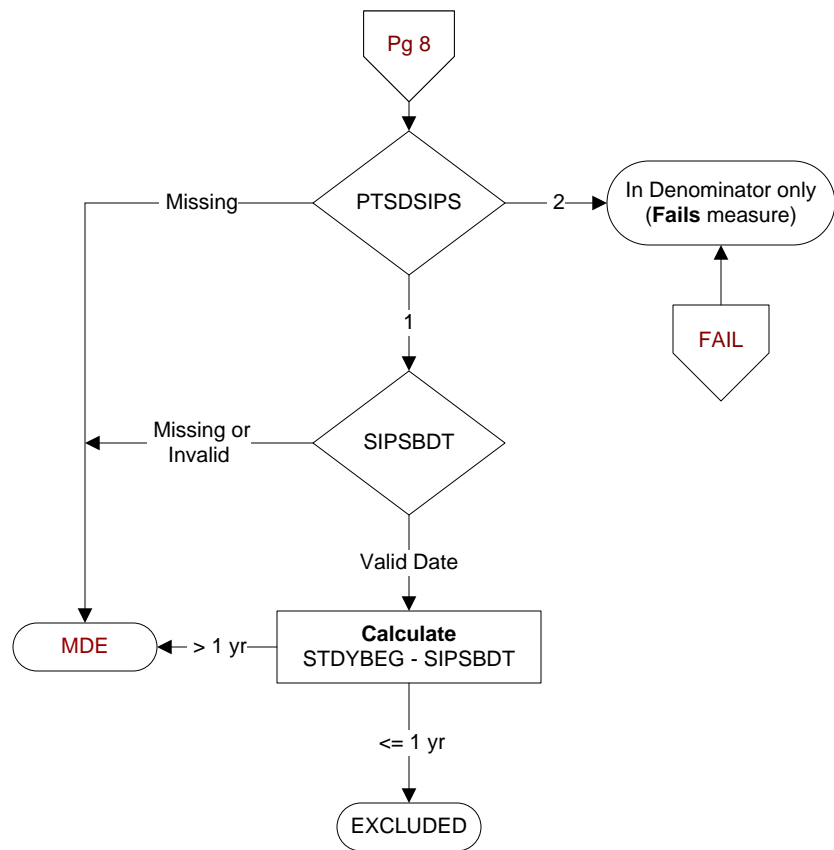
Have you ever experienced this kind of event?

1. Yes
2. No
99. Response not documented

(MH) Enter the patient's answers to each of the PC-PTSD5 Screen questions:
In the past month, have you:
SCRPTSD1. Had nightmares about the event(s) or thought about the event(s) when you did not want to?
SCRPTSD2. Tried hard not to think about the event(s) or went out of your way to avoid situations that remind you of the event(s)?
SCRPTSD3. Been constantly on guard, watchful, or easily startled?
SCRPTSD4. Felt numb or detached from people, activities, or your surroundings?
SCRPTSD5. Felt guilty or unable to stop blaming yourself or others for the event(s) or any problems the event(s) may have caused?

1. Yes
2. No
99. Response not documented

SCRPTSD5 (MH)
Enter the total score for the PC-PTSD5 screen documented in the record..



PTSDSIPS (MH)
During the past year, was the patient screened for PTSD using the Single Item PTSD Screener-B (SIPS-B) at a VHA facility that uses the Cerner electronic health record?
1. Yes
2. No

SIPSBTD (MH)
Enter the most recent date the SIPS-B was completed.